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RENEWAL DECLARATION OF HEALTH

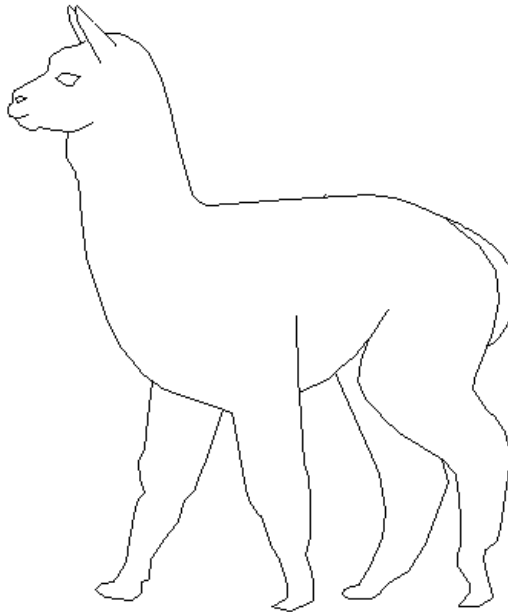
Policy Number: _____

Name of Alpaca: _____

Questionnaire (to be completed by the Insured):

Please answer all questions. If there is insufficient space to provide answers attach a separate sheet with details.

- | | | | |
|----|---|-----|----|
| 1. | Is the Alpaca(s) proposed for insurance sound and healthy, free from vice, and well cared for in every respect? | Yes | No |
| | If no, give full details: _____ | | |
| 2. | Has the Alpaca (s) proposed for insurance suffered any sickness or accident during the past 12 months? | Yes | No |
| | If yes, give full details _____ | | |
| 3. | If previously insured as a colt, has the animal since been gelded? | Yes | No |



Declaration:

I/We do hereby agree-

- (1) the answers contained in this Declaration are in every respect true and correct, and I/We have not withheld any material information likely to effect the acceptance of the Declaration of Renewal.
- (2) to exercise all reasonable precaution for the safety of the alpaca(s) to be insured.
- (3) to accept renewal of the insurance subject to the terms, exclusions, conditions and limitations of the Company's Policy.

Signature _____ Date: _____

No Insurance is in force until this health declaration has been accepted by the Underwriter.

Client Name: _____ Policy Inception Date: _____